

Quality Project HIV Best Practices Briefer #3

Establishing Community Advisory Boards To Empower Key Populations

Background

Recognizing the central role that key populations can play in defining priorities for service improvement, the Quality Project introduced a model for Community Advisory Boards (CABs) to allow clients at AIDS Centers and medication assisted treatment (MAT) sites a mechanism to engage in facility-based service monitoring and planning. The model is based on experience from HIV clinics in the United States, and offers a flexible approach to adapting guiding principles and mechanisms to the Central Asian HIV treatment and MAT environments. It provides a platform for a small, representative group of clients to identify priorities to improve quality of care at a specific facility, and pairs this group with a designated clinical liaison to find solutions.

For the introduction of this model in January 2013, 6 sites were chosen throughout Kazakhstan, Kyrgyzstan and Tajikistan. HIV clinical sites were the City AIDS Centers of Almaty, Bishkek and Dushanbe. For the MAT clinical sites, the most well-established MAT programs were selected: the East Kazakhstan Oblast Narcology Center in Ust-Kamenogorsk, Kazakhstan; throughout Bishkek*, Kyrgyzstan; and the Republican Narcology Center in Dushanbe, Tajikistan.

**After deliberation with the MAT client community throughout Bishkek, which is home to several successful MAT sites, it was decided that a city-wide CAB, which had representatives from multiple clinical sites, would be most effective in addressing the many overlapping problems of MAT services from site to site.*

Implementation Details

After introducing the initial model for consideration, CABs were established through a series of technical assistance visits and ongoing administrative support from the Quality Project.

Initial advertising for CAB opportunities was done through distribution of a simple application form at clinic sites, through NGOs, and (for HIV CABs) through existing PLHIV support groups. Nomination and election processes varied slightly by country, but were generally democratic while trying to take into account appropriate representation across genders and from different risk groups.

The Central Asian CABs range from 6-9 members; the largest group started with 11, but had several members drop out, and found ~7 to be more manageable. Over the first year, 1-2 members of each CAB has dropped out or been replaced due to changes in personal circumstances.

Frequency of meetings has varied by country, ranging from weekly to once per quarter. MAT CABs tended to meet more frequently because clients come to the clinic every day and were less likely to be employed, making meeting regularly a productive pastime; HIV CABs tended to meet monthly or quarterly, depending on the severity of need and availability of CAB members. Meetings focus on identifying quality of care or environmental issues that need to be addressed, and developing action plans for resolving these issues in collaboration with each CAB's designated clinical liaison. Clinical liaisons are frequently but not always present for the meetings, and for some CABs (particularly MAT CABs) play a large role in meeting facilitation.

Outcomes

- **Addressing police harassment** onsite at MAT clinics by documenting and report violations, and working with clinic management to put a stop to it. (Dushanbe)
- Negotiating with the clinic to find a **daytime space for gathering** of MAT clients after receiving morning doses, reducing loitering that was threatening program stability. (Dushanbe)
- **Publishing articles** in local newspapers in support of MAT programs, in response to Russian-supported anti-OST campaigns. (Ust-Kamenogorsk)
- **Conducting outreach and information sessions** for people who use drugs and their families. (Ust-Kamenogorsk)
- Negotiating the use of existing funds to introduce **lipid profile testing** for PLHIV on ART for the first time. (Almaty)
- Encouraging improved availability of **VL testing** and consistent stocks of **OI medications** through better forecasting. (Almaty)
- **Improving confidentiality** for HIV testing and counseling (HTC) onsite by requesting improved supervision of HTC staff. (Dushanbe)
- Creating a **peer-run hotline** for newly-diagnosed women, which receives ~50 calls per month, and has led to marked **increases in enrollment for pediatric HIV treatment**.
- The Bishkek HIV CAB has introduced **daily peer-to-peer counseling** for new diagnoses.
- All CABs have created a **patient complaint log** where issues can be recorded (anonymously, if desired) for redress by the CAB.

Suggested Next Steps

Based on the strong positive outcomes of the first year of CAB implementation, and on a high degree of local ownership for this cost-effective intervention, the following next steps are recommended:

- The Quality Project continue to support existing CABs, and expand to additional pilot sites as the budget allows.
- Future USAID initiatives consider a national scale-up of CABs, assuring that there is a CAB at every HIV treatment site and every MAT site in Kazakhstan, Kyrgyzstan, and Tajikistan. Existing CABs can provide the majority of technical expertise for this, with some coordination and limited technical support from USAID project implementers.
- Future USAID projects support the formation of a national network of CABs to allow for key population-driven advocacy in an organized, representative manner at the national level. This may require additional technical expertise.
- Global Fund Concept Notes include funding for CABs, which includes a minimal operating budget (basic office supplies, coffee break funds, small stipends for CAB members), a minimal stipend for the clinical liaison and potentially a small annual discretionary fund for each facility to use to respond directly to CAB request.

Further Reading

Parsons, Danielle & Burrows, Dave. 2013. *Forming Community Advisory Boards: A guide for expanding patient engagement in HIV and Drug Treatment in Central Asia*. USAID Quality Health Care Project in Central Asia.

Parsons, Danielle. 2014. Technical Report: *Community Advisory Boards to Improve HIV Services in Central Asia: The First Year of Implementation Experience*. USAID Quality Health Care Project in the Central Asian Republics, Abt Associates Inc.